Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
MS Postsecondary Education Financial Assistance Board	Jennifer Rogers	601-432-6791	

ADDRESS	CITY	STATE	ZIP
3825 Ridgewood Road	Jackson	MS	39211

EMAIL	SUBMIT DATE	Name or number of rule(s): Title 10: Education Institutions and Agencies, Part 651: Health Care Professions Forgivable Loan Rules and Regulations
jrogers@mississippi.edu	April 28, 2015	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To promulgate the rules and regulations for the Health Care Professions Forgivable Loan (HCP) as required by law.

Specific legal authority authorizing the promulgation of rule: _Miss. Code Ann. § 37-106-67_

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on   Date: _____   Time: _____   Place: _____
☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

X Economic impact statement not required for this rule.   ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference **Proposed final effective date:** _____ 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: March 27, 2015 Action taken: X_____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed **Effective date:** X_____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Jennifer Rogers
Signature of person authorized to file rules: _Jennifer Rogers_ 4/28/15

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED APR 2 8 2015 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by #21239

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.